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46917      7590      03/15/2005  
**KONRAD RAYNES & VICTOR, LLP.**  
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05/27/2005 JADD02 0000003 090449 09630228

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	(Depositor's name)
	(Signature)
	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/630,228	08/01/2000	David Alan Burton	TUC920000013US1	6085

TITLE OF INVENTION: METHOD, SYSTEM, AND DATA STRUCTURES FOR USING METADATA IN UPDATING DATA IN A STORAGE DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	06/15/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
ANDERSON, MATTHEW D	2186	711-118000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.263).  
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list  
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

*David W. Victor*  
*Konrad Raynes & Victor LLP*  
 3 \_\_\_\_\_

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

*International Business Machines Corporation*      *Armonk, New York*

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:

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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number *09-0449* (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *David W. Victor*

Date *4/21/05*

Typed or printed name *David W. Victor*

Registration No. *39,867*

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